| | | IGN CONTRIB | | | | | ** * * | State | f Nevada |
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| Name (pri | hawn | C. Mc Dowe | (Office | e (if applicable) | ity Cox | encil W | pred 2 | | t (if applicable) |
| Mailing A | 3895 | le city and zip code) | Dr. | Pero | 90 | 89509 | <u> </u> | 5-828- | |
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| E-Mail Ad | | stratita 2 th. 32.2234. Se stanovario > > 1000. | . Nonno anton alchero | ANALYS A VALUE OF THE STATE OF | New Anderstander Met 1885 | WARRY A LIV | | | |
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| <u>G</u> | Office with Office with | #1 — Due August n a 2-year term Period: n a 4-year term Period: n a 6-year term Period: BAGs only: Period: | Jan. 5, 2 Dec. 20, Dec. 6, 1 | 2001 — Aug. 2 | 22, 2002 2, 2002 | | | | |
| | | #2 Due — Octobe Aug. 23, 2002 — Oct. 24 | • | 02 | | | r **) | | |
| | | #3 Due — Januar Oct. 25, 2002 — Jan. 3, BAGs only: Period: | 2003 | | | | | DE NOE, OUT | Š |
| | _ | hould reflect the baland ntributions Report, or la | | • | • | | | | |
| | | "Contribution" mean of money or anything of | s a gift, loan, | | eposit, payn | nent, transfer or | | 07) | |
| 1 | . Total amo | ount of monetary contri | butions | | | | 0 | NONF | د |
| 2 | . Interest a | and income earned on o | contribution | ns, if any | | | 0 | NON | £ |
| 3 | . TOTAL A | MOUNT OF ALL MONE | TARY CON | TRIBUTIONS | (add lines 1 | and 2) | -0 | NOU | K |
| 4. | . Total amo | ount of In Kind Contribu | utions | | | | 0 | NONE | |
| | | | EXP | ENSES SL | JMMAR' | Y | | | |
| 5. | . Total amo | ount of monetary exper | nses in exc | ess of \$100 | | | 5. | 219. | 56 |
| 6. | | ount of monetary exper | | | | _ | 7 | 209. | 77 |
| 7. | | for filing fee | · | | | | | 25.0 | ÓC |
| | • | MOUNT OF ALL MON | NETARY E | XPENSES (a | dd lines 5 th | rough 7) | 52 | 9.5 | 5.45° |
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| 9, | . Total amo | ount of In Kind Expense | | - | | | | -0 | <u> </u> |
| l declare | under pena | alty of perjury that the | foregoing i | AFFIRM s true and co | | <u> </u> | <u>~ ~ . </u> | `` | |
| Signature | | June 86 | | | | | | Executed On | |
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Mitsowell Name (print)

Meno City Comme Wand

District (if applicable)

Contributions

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE |
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Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

| CATEGORIES | CODE |
|---|------|
| Office expenses | А |
| Expenses related to volunteers | В |
| Expenses related to travel | С |
| Expenses related to advertising | D |
| Expenses related to paid staff | Е |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | Н |
| ** Goods and services provided in kind for which money would otherwise have been paid | |
| Other miscellaneous expenses | J |

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

| Shawn | C. misswell | Reno | ci42 | Courcil | ward | J |
|--------------|-------------|-----------------------|------|---------|------|--------------------------|
| Name (print) | | Office (if applicable | | | | District (if applicable) |

Expenses of \$100 or Less

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| 8.14.02 | \$25.00 | H = Shoppers |
| 7.23.62 | # 100.00 | Ha State Ha FAT TH |
| Ce 13-02 | # 6.18 | A- copier |
| 6.19.02 | # 22.00 | A- Postal |
| 6-07-82 | \$ 56.79 | A = copie |
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Name (print)



Shawn C. McDowell

U Reno City Council Ward
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY (See Previous Page) NRS 294A 365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|-------------------------|---------------------------|
| Reno News + Review 108 N. Center st. Runo no 84501 | D= Ads | 8-6-02 | \$1,328.00 |
| Ktnkos 6479 5. utroinia runo nu 89511 | D= Advert | 7.19.02 ise. | # 131.86 |
| Nevada state fair 1350-A N. Wells Ave. Neno, nu 89512 | H = Special | 7-29.02 | \$ 390-0 |
| Kinkos Lung s. Wirginia Neno NO 89571 | D= Ad | 7-23-02 | # 148.01 |
| N.S. Postal Sevice 2000 vasian St. Neno nu 89510 | A= office | 7-27.02 | # 106.00 |
| Reno Gay Pride Deu P.O. Box 477 Neno no 89502 | H= Special Fuers | 7.22.02 | # 250 00 |
| Americas Campaign Stone P.D. BOX 1612 Jefferson, IN 47131 | D= Ad | 7.72-02 | \$1675.78 |
| V N | D=Ad | 7-29-02 | ± 147.48 |
| √ n | D=Ad | 7.31-02 | 581.05 |

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

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Name (print)

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News City Council ward District (if applicable)

IN KIND

Expenses in Excess of \$100

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S) | DESCRIPTION OF EACH IN KIND EXPENSE | DATE OF EACH IN KIND EXPENSE | VALUE OR COST OF EACH IN KIND EXPENSE |
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IN KIND

Expenses of \$100 or Less

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Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362

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